Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS281AGC	A. BUILDING _____ B. WING _____	12/02/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAHARLIKA ADULT CARE HOME	4230 FAIRBANKS CIRCLE LAS VEGAS, NV 89103

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments This Statement of Deficiencies was generated as a result of the annual state licensure survey and complaint investigation conducted at your facility on 12/02/08. The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006. The facility was licensed for 9 total beds. The facility had the following category of classified beds: Category 1 - 9 beds The facility had the following endorsements: Residential facility which provides care to elderly and/or disabled persons, and /or persons with mental illness, and/or persons with chronic illnesses. The census at the time of the survey was 4. Four resident files and one closed resident file were reviewed and four employee files were reviewed. There were 2 complaint(s) investigated during the survey. Complaint #NV00017396 Substantiated with no deficiencies Complaint #NV00018230 Substantiated with no deficiencies The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.	Y 000		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 000	Continued From page 1 The following regulatory deficiencies were identified:	Y 000		
Y 106 SS=F	449.200(2)(a) Personnel File - 1st aid & CPR NAC 449.200 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1, (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure 1 of 3 caregivers had evidence of first aid and cardiopulmonary resuscitation (CPR) training (Employee #2). Findings include: Employee #2 was hired on 12/15/01. The employee's file contained an expired CPR/first aid card dated 7/26/08. The employee's file did not contain documented evidence the employee had renewed CPR and first aid training. Employee #2 revealed she did not realize the CPR and First Aid training had expired. Severity: 2 Scope: 3	Y 106		
Y 940 SS=F	449.2749(1)(g)(3) Resident file	Y 940		

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Y 940	Continued From page 2 NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation: (3) In any event, not less than once each year. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to perform an annual evaluation of a resident's ability to perform the activities of daily living (ADL) for 2 of 4 residents residing in the facility longer than a year (Resident #3 and #4). Findings include: Resident #3 was admitted on 2/1/02. The resident's file did not contain an annual evaluation of the resident's ability to perform the activities of daily living for 2003, 2004, 2005, 2006, 2007 and 2008. Resident #4 was admitted on 8/22/02. The resident's file did not contain an annual evaluation	Y 940		

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Y 940	Continued From page 3 of the resident's ability to perform the activities of daily living for 2003, 2004, 2005, 2006, 2007 and 2008. Employee #2 indicated another ADL assessment would be completed on any resident who's condition had changed. The employee revealed she thought the cited deficiency on last years survey was for an activity schedule. The employee indicated she was not aware of the requirement to perform an annual ADL assessment. Severity: 2 Scope: 3 This is a repeat deficiency from the 10/15/07 survey.	Y 940		